

**SUPPLEMENTAL LARGE CONTRIBUTION REPORT  
BY A CANDIDATE'S COMMITTEE  
(\$1,000 CONTRIBUTIONS OR MORE)**

State Form 48492 (R3/11-05)

Indiana Election Commission (IC 3-9-5-20.1; 3-9-5-22)

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-11  
REPORT

1 of 1

**INSTRUCTIONS:** Only candidates receiving a "large contribution" are required to file this report. Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

**COMMITTEE INFORMATION**

1. Full Name of Candidate (include any nickname) <input type="checkbox"/> Check if this is a new name James C Brainard			2. Committee Telephone Number (317) 253-5759		
3. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address 12662 Royce Court					
4. City Carmel		State IN		ZIP Code 46033	
5. Party Affiliation or If Independent Candidate Republican				6. Office Sought (include district number, if any. Not required for exploratory committee.) Mayor of Carmel	
7. County of Residence Hamilton				8. Reporting Period: From: Oct 13, 2007 Through: Nov 4, 2007	

For classification, enter INDV for individual; PAC for political action committee; CORP for corporation; LAB for labor organization; NONE for all entries which are not one of the above categories.

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)		TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT OF CONTRIBUTION	DATE RECEIVED  RECEIVED BY
Classification Indv	1.  James Brainard 2626 Royce Ct Carmel, IN 46033  Contributor's Occupation (if applicable)	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	20,000.00	11/1/07
Classification	2.    Contributor's Occupation (if applicable)	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)		
Classification	3.    Contributor's Occupation (if applicable)	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)		

**CERTIFICATION**

FOR OFFICE USE ONLY

Signature on File

EST OF MY KNOWLEDGE AND BELIEF IT IS

Date (MM-DD-YY)

11-2-07

Date (MM-DD-YY)

11-2-07

used for any commercial purpose, (IC 3-9-4-5) A  
4-1-13) A person who fails to file a complete or accurate  
demeanor (IC 3-14-1-14), and may be subject to civil

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FILED